

No. 2
4-12-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9049**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution **Jewish Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis UNIVERSITY CITY**
(d) Street No. **7106 Cambridge**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Sarah Rosen**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **David Rosen** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **not known**

8. AGE: Years **about 42** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Russia** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **Morris Rosen**

12. Name **Russia**

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Russia** (City, town, or county) (State or foreign country)

16. (a) Informant **David Rosen 7106 Cambridge**

(b) Address **Burial 11-3-40**

17. (a) _____ (b) Date thereof **11-3-40**

(c) Place: burial or cremation **chapel St. Emeth**

18. (a) Signature of funeral director **H. Rindskopf**

(b) Address **5216 Delmar**

19. (a) **NOV 3 1940** (b) **J. F. Budeck**

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** 2-1940 day
year _____ hour _____ minute **9 P.** M.
21. I hereby certify that I attended the deceased from **Oct 10**
19 **40**, to **Nov 2**, 19 **40**;
that I last saw her alive on **Nov 2**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Empyema of gall bladder** Duration **3 weeks**

Due to **Cholelithiasis** ?

Due to **11/10**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **Alfred E. Tamm** (M. D. or other) **M. D.**

Address **4500 Olive St. St. Louis** Date signed **11/3/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 3830

working under my personal supervision.

Signed C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.